

EMERGENCY MEDICAL SERVICES AUTHORITY

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April 15, 2020

Ms. Donna Stone, Chief Executive Officer
Northern California Emergency Medical Services Agency
930 Executive Way, Suite 150
Redding, CA 96002

Dear Ms. Stone:

This letter is in response to Northern California Emergency Medical Services (EMS) Agency's 2018 EMS plan submission to the EMS Authority on December 11, 2019. The EMS Authority has reviewed the plan, based on compliance with statutes, regulations, and case law. It has been determined the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103, and is approved for implementation pursuant to HSC § 1797.105(b).

Based on the response/transportation documentation provided, please find enclosed the ground exclusive operating areas status, as compiled by the EMS Authority.

In accordance with HSC § 1797.254, please submit an annual EMS plan to the EMS Authority on or before April 8, 2021. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Tom', with a large circular flourish around it.

Tom McGinnis, EMT-P
Chief, EMS Systems Division

Enclosure

[illegible][illegible]



Northern California EMS, Inc.

***2018 EMS Plan
FY 2017-18***

Dan Spiess, Chief Executive Officer

930 Executive Way, Suite 150
Redding, CA 96002

530.229.3979

Executive Summary
EMS Plan FY 2017-2018

The agency is guided by a nine director Board of Directors. The Board is comprised of one representative from each of the five contract counties, a hospital representative, an Emergency Medical Care Committee representative and that must be affiliated with an ambulance service and two Directors At Large.

The agency staff maintains active participation with the area's EMCCs and county fire chief's organizations. The agency staff is also involved with statewide issues through memberships in the Emergency Medical Services Administrators Association of California, the Emergency Medical Directors Association of California and affiliated sub committees of the organizations. The agency also participates actively with the EMSA Core Measures Committee.

The agency's Medical Director works under contract with duties identified in a separate contract.

Nor-Cal EMS keeps current its contracts with the five counties that have delegated LEMSA responsibilities to the agency. The contracts stipulate that all LEMSA responsibilities are delegated. These counties are Lassen, Modoc, Plumas, Sierra and Trinity. The area covers approximately 15,000 square miles with a permanent population of approximately 77,000.

All transport agencies and non-transport agencies providing AED, AED/King Airway, LALS and ALS services maintain Provider Agreements with the agency. There are seventeen transport agencies, both ground and air and more than sixty, non-transport provider agencies with agreements. Additionally the agency has base hospital, alternative base station or receiving hospital agreements with each of the seven acute care facility in the region and three out of area Base Hospital agreements. Contract renewals are tracked by means of a data base providing information of those contracts due for renewal.

The agency conducted its fourteenth annual Northstate Prehospital Conferences in April of 2018. At each conference registrants are asked for their suggestions for future topics. This exercise has been in place at each conference as a part of the conference evaluation form. The suggestions have guided the planning committee in the selection of future topics. Typically 150 to 200 individuals are in attendance at the conference.

The agency is periodically asked for information and availability of classes. In response to these inquiries the agency puts the individual or agency requesting information together with programs offering the needed training. In addition, the agency's website provides a calendar that identifies information on upcoming courses.

Although not a LEMSA requirement, the agency is active in program and class offerings. As referenced above, the agency has, for the past fourteen years offered a Northstate Prehospital Conference each Spring. The conference offers seven units of continuing education credit for a modest registration fee for these programs.

In addition, the agency offers training and continuing education through its website. There are now in excess of twenty webcasts available with additional webcasts being offered monthly.

Further training programs are provided quarterly in conjunction with the agency's Medical Advisory Committee meetings. At the close of each meeting, the agency's Medical Director conducts a fifty minute Case/Run Review. Those choosing to audit the review, after completing registration and testing are given one unit of continuing education credit.

During the report year there were 993 certified or accredited personnel in the Nor-Cal EMS area.

The agency actively participates and coordinates the Regional Communications Committee. The focus of the group is to coordinate frequencies, address communications issues and serve as a sounding board for communications users. While initially convening quarterly, it now is meeting less frequently, primarily due to having dealt with the issues and limitations impacted by the FCC's narrow banding policies.

While narrow banding has been in place for a number of years, the physical limitations of the FCC requirement continues to handicap and limit communications in several of our rural/remote areas.

Each First Responder agency, LALS, ALS and the area's air provider have a Provider Agreement with the agency authorizing them to be a part of the EMS system. The agreement in part stipulates that the provider agency will comply with local policies, state law and state regulations.

There are two EOAs in the Nor-Cal EMS area. One of the areas has been grandfathered with the other having been initially bid in 2005 and rebid in 2015. The successful bidder of the competitively bid EOA began their contractual obligations on July 1, 2015. The contract calls for an initial five year period with an option for an additional five year period.

Provider agreements and response zone maps have been modified accommodating the additional services.

Base Hospitals and Alternative Base Stations have been designated. Contracts are in place identifying performance responsibilities. Each of the area's seven hospitals have a contractual role related to prehospital care. Each hospital in the area is a small rural facility and each has been designated as a Critical Access Hospital. The agency maintains Base Hospital agreements with three out of area hospitals to provide medical direction to those services routinely transporting patients to these facilities.

The agency has maintained an approved Trauma Plan since 1988. Presently with five counties and seven small acute care hospitals, each designated as a Critical Access Hospital, the agency has designated two Level IV Trauma Centers. The most recent designation occurred at the end of the FY 2014-2015.

The agency requires reportable incidents to be filed formally through the use of an Unusual Occurrence Report (UOR). These are received by the agency, an investigation opened, inquiries made, interviews conducted if needed, conclusions drawn and a formal letter sent to the individual submitting the UOR and others as may be needed.

The agency is very active in planning and participating in county-wide, areawide and statewide drills. In the past year the agency participated in eleven disaster drills and attended fourteen disaster planning meetings. The agency maintains a particularly active role in coordinating and promoting participation in HAvBED drills.

TABLE 1

**MINIMUM STANDARDS/RECOMMENDED GUIDELINES
SYSTEM ASSESSMENT FORMS**

Reporting Year 2018 (FY 2017-18)

[2.04 Status Update Only](#)

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**A. SYSTEM ORGANIZATION AND MANAGEMENT - Reporting Year: 2018 EMS PLAN (FY 2017-18)**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
Agency Administration:					
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X	X		
Planning Activities:					
1.05 System Plan		X			
1.06 Annual Plan Update		X			
1.07 Trauma Planning		X	X		
1.08 ALS Planning		X			
1.09 Inventory of Resources		X			
1.10 Special Populations		X			
1.11 System Participants		X	X		
Regulatory Activities:					
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/Policies		X			
System Finances:					
1.16 Funding Mechanism		X			
Medical Direction:					
1.17 Medical Direction		X			
1.18 QA/QI		X	X		
1.19 Policies, Procedures, Protocols		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		X			
1.21	Determination of Death		X			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		X			
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		X	X		
1.25	On-Line Medical Direction		X	X		
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X			
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**B. STAFFING/TRAINING**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
Dispatchers:						
2.04	Dispatch Training	X				X
First Responders (non-transporting):						
2.05	First Responder Training		X			
2.06	Response		X			
2.07	Medical Control		X			
Transporting Personnel:						
2.08	EMT-I Training		X	X		
Hospital:						
2.09	CPR Training		X			
2.10	Advanced Life Support		X			
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**C. COMMUNICATIONS**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Communications Equipment:						
3.01	Communication Plan		X	X		
3.02	Radios		X	X		
3.03	Inter-facility Transfer		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X			
Public Access:						
3.07	9-1-1 Planning/ Coordination		X			
3.08	9-1-1 Public Education		X			
Resource Management:						
3.09	Dispatch Triage		X			
3.10	Integrated Dispatch		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**D. RESPONSE/TRANSPORTATION**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries		X	X		
4.02 Monitoring		X	X		
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time		X			
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft*		X			
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability		X			
4.11 Specialty Vehicles		X			
4.12 Disaster Response		X			
4.13 Inter-county Response		X			
4.14 Incident Command System		X			
4.15 MCI Plans		X			
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing		X	X		
4.17 ALS Equipment		X			
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		X			
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan		X			
4.20 "Grandfathering"		X			
4.21 Compliance		X			
4.22 Evaluation		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols		X			
5.03	Transfer Guidelines		X			
5.04	Specialty Care Facilities		X			
5.05	Mass Casualty Management		X			
5.06	Hospital Evacuation		X			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		X			
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X			
5.09	Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design	X				X
5.11	Emergency Departments		X			
5.12	Public Input		X			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X			X
5.14	Public Input		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**F. DATA COLLECTION/SYSTEM EVALUATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program		X	X		
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X			
6.04	Medical Dispatch		X			
6.05	Data Management System		X			
6.06	System Design Evaluation		X			
6.07	Provider Participation		X			
6.08	Reporting		X			
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X			
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**G. PUBLIC INFORMATION AND EDUCATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
7.01	Public Information Materials		X			
7.02	Injury Control		X			
7.03	Disaster Preparedness		X			
7.04	First Aid & CPR Training		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**H. DISASTER MEDICAL RESPONSE**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning		X			
8.02	Response Plans		X			
8.03	HazMat Training		X			
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties		X			
8.06	Needs Assessment		X			
8.07	Disaster Communications		X			
8.08	Inventory of Resources		X			
8.09	DMAT Teams		X			
8.10	Mutual Aid Agreements		X			
8.11	CCP Designation		X			
8.12	Establishment of CCPs		X			
8.13	Disaster Medical Training		X			
8.14	Hospital Plans		X			
8.15	Inter-hospital Communications		X			
8.16	Prehospital Agency Plans		X			
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X			
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X			

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.04 DISPATCH TRAINING

NOR-CAL EMS REPORTING YEAR 2018

MINIMUM STANDARDS:

Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

RECOMMENDED GUIDELINES:

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

CURRENT STATUS: **DOES NOT MEET MINIMUM STANDARD**

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

As previously reported where EMD programs exist that serve the area, those programs are based out of area and are linked to large volume providers in area. The handicap in implementation is the financial obligation for initial and ongoing training. For a small rural county this is a major barrier.

During the past year the agency contacted each PSAP in the area and asked them to complete a survey. The survey asked if they had implemented EMD and if not if they planned to implement EMD and if they did not plan to implement what the barriers were to implementation. The response was not surprising. Implementation and ongoing costs were the barriers.

"The decision to implement an Emergency Medical Dispatch (EMD) program shall reside at the lowest level of local government responsible for public safety dispatch services and implementation of an EMD program shall be coordinated with the local EMS agency Medical Director".

ASSESSMENT OF THE SYSTEM

Updated Comments to
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Table 1: Summary of System Status

System Assessment Forms

**LEMSA: Northern
California EMS, Inc.**

FY: 2018

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Board composition was restructured in May to include a Supervisor representative from each contracting county. A Medical Advisory Committee meets bi-monthly to review protocols and provide direction to the Medical Director and clinical staff.	
1.02		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMS system evaluation is ongoing through a number of methods including broad direction from the Board of Directors, the Medical Advisory Committee and specific QI reviews. The agency has recently implemented full participation in ePCR systems by each transport provider and is preparing data pertinent to the Core Measures..	
1.03		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency's Board has always maintained participation by At Large Directors who represent consumer interests. Methods are in place to field concerns by consumers who have issue with system operations.	
1.05		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This Standard is being met by the completion and submittal of this plan.	
1.06		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The plan is formally updated when requested by the Authority.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.07		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency has developed a Trauma Plan that was originally approved in 1990. With the departure of counties from the region, a revision was submitted in July 2011.	
1.09		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventories are updated as site inspections are periodically conducted, as prehospital updates are requested by EMSA and as resource capabilities change.	
1.11		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	While the geographical scope of the agency has been lessened and past special populations have been addressed, we continue to be mindful of special population needs and the ability to meet those needs.	
1.13		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Using a variety of methods, including extensive work with system participants, Nor-Cal EMS provides oversight of field operations, trauma centers, training, QI activities and data collection.	
1.14		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notices of planned policy changes are distributed to providers as well as discussed at the Medical Advisory Committee. Additionally, policies and protocols are posted to the agency's website.	
1.15		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	These functions are fulfilled by working closely with individual provider agencies and facilities and by meeting with the Medical Advisory Committee and others. Ambulance services, non-transport agencies and hospitals enter into an agreement in which they agree to abide by local policies, protocols and state regulations and statues. We are made aware of needed actions by the review of QI reports, patient care forms or complaints.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.16		<input checked="" type="checkbox"/>			With the departure of key large counties, the agency has made transitional adjustments to align revenues with expenses. Revenues and expenses are currently in line with strategies in place to increase revenues.	
1.17		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Control is well defined and functions well. Base Hospitals and Alternative Base Stations provide on-line control. Protocols are followed in the event of radio failure.	
1.18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	QI efforts in the region include oversight by the agency's Medical Director and other clinical staff, base hospitals and providers. A skills usage form is utilized in addition to data retrievable from ePCRs. The core Measures will provide further QI activities.	
1.25		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utilizing physicians and MICNs, the Nor-Cal EMS region has eight acute care facilities providing medical control.	
1.26		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Nor-Cal EMS Trauma Plan was first approved in 1990. Challenges of the system deal with low volume and extended transport times, which are compounded in winter months. Within the six county area there are eight acute hospitals, each a Critical Access Hospital. Two facilities have been designated Level IV Trauma Centers. There are no hospitals in the area that meet Level I or II designation criteria.	
1.27		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency monitors pediatric quality of care issues through its QI program and its trauma audit activities.	Determine opportunities for pediatric care enhancement that include training and equipment deployment.
1.28		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An Exclusive Area has been approved in Lassen County which was competitively bid.. Grandfathered EOAs have been approved in Plumas County and, Modoc County.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.01		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency maintains a Medical Advisory Committee with representatives from area training institutions providing opportunities for training need assessment. Additionally, the agency has a cadre of First Responder instructors who remain active in offering the DOT First Responder course to those who cannot afford time for an EMT basic course.	
2.02		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All EMS education programs in the region, including EMT, AEMT, MICN and paramedic programs as well as continuing education programs are approved by the agency. The application process ensures that the program has the resources necessary to provide high quality instruction. Program approvals are for a two-year period, at which time they are reevaluated.	
2.03		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency maintains compliance with regulatory certification requirements including disciplinary reporting requirements. A specific Unusual Occurrence report form is provided by the agency and is available to those within the EMS system as well as interested members of the public.	
2.04		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	During the past year the agency contacted each PSAP in the area and asked them to complete a survey. The survey asked if they had implemented EMD and if not if they planned to implement EMD and if they did not plan to implement what the barriers were to implementation. The response was not surprising. Implementation and ongoing costs were the barriers.	
2.07		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies and protocols exist for first responders. All practitioners are required to follow protocols and are subject to disciplinary action if adherences to policies are not followed.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.12		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regulations require Public Safety personnel to be trained in CPR. Current CPR training includes protocols and the use of AEDs	
2.13		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency approves MICN training programs and accredits those completing the course. Curriculum includes agency policies, protocols and radio use. Currently there are no approved MICN training programs in the region.	
3.01		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency participates in the Regional Communication Advisory and Planning Committee, which convenes quarterly.	
3.06		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	While the agency no longer maintains the region-wide UHF communications system, the systems of advisory groups provide opportunity to review communications issues including multi-casualty events. Handheld radios have been distributed to counties for rapid deployment in the event of a mass casualty event.	
4.01		X			These boundaries are identified on the Ambulance Zone Forms submitted to EMSA as a part of the EMS Plan.	
4.04		X			Pre-scheduled transportation has little or no effect on system operations. Responsibility to minimize or eliminate the impact of these transports on the emergency system remains the responsibility of provider agencies.	
4.05		X			Nor-Cal EMS has adopted the state's response time guidelines.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.07		X			Nor-Cal EMS supports the participation of first responder agencies into the EMS system and facilitates their participation through approval of First Responder instructors, certification of course graduates and development of provider agreements for services utilizing advanced personnel, AEDs and/or airway devices.	
4.09		X			The region is served by one air provider located within the jurisdiction and a number of providers outside the area. An aircraft zone map identifies the primary air provider for each zone and is a part of the aircraft policy.	
4.12		X			The agency has a disaster and MCI plan and works with the RDMHS, and state offices during disasters. This includes mobilization of response and transport vehicles including coordination with Ambulance Strike Teams.	
4.13		X			Units and personnel can and do operate throughout the region without regard for county boundaries. Regional approval of providers, certification/ accreditation of personnel and a regional communications system facilitate this flexibility.	
4.19		X			Exclusive operating areas exist in Lassen, Plumas and Modoc counties. The Lassen county EOAs came about through a bid process, the Modoc and Plumas County's EOAs through the grandfather process. Each transport agency must execute and maintain a provider agreement with Nor-Cal EMS, which requires that they comply with all regulations, policies, procedures and protocols of the Local EMS agency and the state of California.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.2		X			This has been done and accepted in Modoc and Plumas Counties.	
5.01		X			The agency periodically assesses and reassesses the EMS capabilities of various acute care facilities as a part of the designation of Trauma Centers, Base Hospitals and Alternative Base Stations. Written agreements exist between the agency and these facilities, which require adherence to local policies and state regulation.	
5.03		X			<p>Nor-Cal EMS has developed an Emergency Operations Plan (EOP). The plan stipulates Nor-Cal EMS will "Assist with the coordination of the movement and distribution of patients by EMS providers, including evacuation of patients and re-population of HCFs. Hospitals within the Nor-Cal EMS region will be required to provide hospital evacuation plans."</p> <p>Nor-Cal EMS is in the process of collecting hospital evacuation plans from the hospitals within the Nor-Cal EMS region. These plans will be available to Nor-Cal EMS staff to aid in coordination and communication of patient movement and distribution.</p>	
5.04		X			The agency has designated receiving hospitals, which are monitored through a variety of visits, audits and QI activities.	
5.05		X			Nor-Cal EMS encourages hospitals to prepare for mass casualty management, participates in exercises and promotes HEICS. The agency works closely with area hospitals and Public Health in the coordination of HAvBED exercises from the region.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.06				X	<p>Nor-Cal EMS has developed an Emergency Operations Plan (EOP). The plan stipulates Nor-Cal EMS will "Assist with the coordination of the movement and distribution of patients by EMS providers, including evacuation of patients and re-population of HCFs. Hospitals within the Nor-Cal EMS region will be required to provide hospital evacuation plans."</p> <p>Nor-Cal EMS is in the process of collecting hospital evacuation plans from the hospitals within the Nor-Cal EMS region. These plans will be available to Nor-Cal EMS staff to aid in coordination and communication of patient movement and distribution.</p>	
5.08			X		The regional trauma plan has been amended to reflect fewer participating counties. The plan incorporates all of the required features. At this point designated trauma centers are designated as Level IVs.	
5.11				X	<p>Nor-Cal EMS participated in the California Pediatric Readiness Project in July 2012. We had 100% participation from the hospitals in our region. Each hospital received a summary of their response to the survey.</p>	
5.12				X	<p>We have been attending the RTCC meeting for Region III and chair the sub-committee on Inter-facility transfers. It is our recommendation that pediatric trauma be a sub-committee of the Region III RTCC meeting.</p> <p>We also participated in the summit of Pediatric Trauma and Access to Care that was held in 2011. We support the recommendation of the California Trauma Pediatric Network and would support a statewide pediatric trauma system. We have recently initiated an ePCR program that will capture CEMIS/NEMIS data on pediatric trauma</p>	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.13		X			<p>Because each of the hospitals in agency's area is a rural small hospital and each has been designated as a Critical Access Hospital, specialty care hospitals have not been designated with the exception of Level IV Trauma Centers.</p> <p>In order to best accommodate the appropriate movement of patients to the proper definitive care, an Interfacility Transfer Policy has been developed. The policy calls for hospitals to develop written policies governing transfers, develop written transfer agreements with facilities offering resources and specialty services not available internally and that the accepting facility has the capacity to care for the patient and has consented to accept the patient.</p>	
6.01		X			Lead by the agency's Medical Director and EMS Systems Specialist, the program involves the spectrum of EMS system participants. With the implementation of area-wide usage of ePCR systems QI activities will be improved for both the agency and providers.	
6.05		X			The agency is examining alternatives to the electronic PCR system currently in place, as well as the trauma data system. Any alternatives to be considered must be CEMSIS compliant. The agency continues to provide both prehospital and trauma data to EMSA.	
6.06		X		X	The agency remains active in pursuing the best means of improving its evaluation program including the exploration of improved data systems.	
6.07		X			All transport agencies now utilize an ePCR system that is CEMSIS compliant.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.08		X			This standard has been met through attendance at Board of Supervisor meetings, EMCC Committee meetings with supervisor and provider participation and other provider group meetings.	
6.1		X			Through the CEMSIS System, trauma data provides opportunities to measure system compliance and determine system improvements. This is currently being enhanced with core measures data.	
6.11		X			These functions are fulfilled by the agency's Medical Director in conjunction with the agency's EMS System Specialist and IT staff. Data is also received from non-trauma centers.	
7.02		X			The agency has been involved in several injury and illness prevention effort in the past including Think First for Kids, First There/First Care and the Northstate Prehospital Conference.	
8.01		X			The agency has been involved with regional and local OES agencies, including the LEPC.	
8.05		X			Regional policies identify the control facility for the distribution of mass casualty patients.	
8.11		X			This activity has occurred in conjunction with HPP projects.	
8.12		X			This activity has occurred in conjunction with HPP projects.	
8.13		X			Compliance with the terms of the agency's provider agreements with prehospital providers addresses this standard.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.11		X			These functions are fulfilled by the agency's Medical Director in conjunction with the agency's EMS System Specialist and IT staff. Data is also received from non-trauma centers.	
7.02		X			The agency has been involved in and continues to be involved in illness prevention efforts including Think First for Kids, First There/First Care, Northstate Prehospital Conference, environmental alerts and potential pandemic precautions information.	
8.01		X			The agency has been involved with regional and local OES agencies, including the LEPC.	
8.05		X			Regional policies identify the control facility for the distribution of mass casualty patients.	
8.11		X			This activity has occurred in conjunction with HPP projects.	
8.12		X			This activity has occurred in conjunction with HPP projects.	
8.13		X			Compliance with the terms of the agency's provider agreements with prehospital providers addresses this standard.	

TABLE 2

**SYSTEM ORGANIZATION & MANAGEMENT
BUDGET
FEE STRUCTURE
ORGANIZATION/MANAGEMENT
ORGANIZATIONAL CHART**

Reporting Year 2018 (FY 2017-18)

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: Reporting Year 2018 (FY 2017-18)

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
 (Identify for the maximum level of service offered; the total of a, b, and c should equal 100 %.)

County: Lassen

A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	100%

County: Modoc

A. Basic Life Support (BLS)	10%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	90%

County: Plumas

A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	100%

County: Sierra

A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	100%

County: Trinity

A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	100%

2. Type of agency
- a) Public Health Department
 - b) County Health Services Agency
 - c) Other (non-health) County Department
 - d) Joint Powers Agency
 - e) **Private Non-Profit Entity**
 - f) Other: _____
3. The person responsible for day-to-day activities of the EMS agency reports to
- a) Public Health Officer
 - b) Health Services Agency Director/Administrator
 - c) **Board of Directors**
 - d) Other: _____
4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	<input checked="" type="checkbox"/>
Designation of trauma centers/trauma care system planning	<input checked="" type="checkbox"/>
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	_____
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	<input checked="" type="checkbox"/>
Enforcement of ambulance service contracts	<input checked="" type="checkbox"/>
Operation of ambulance service	_____
Continuing education	<input checked="" type="checkbox"/>
Personnel training	<input checked="" type="checkbox"/>
Operation of oversight of EMS dispatch center	_____
Non-medical disaster planning	_____
Administration of critical incident stress debriefing team (CISD)	_____
Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	<input checked="" type="checkbox"/>
Other: _____	_____
Other: _____	_____
Other: _____	_____

5. **EXPENSES**

Salaries and benefits (All but contract personnel)	\$ 319,091.70
Contract Services (e.g. medical director)	55,800.00
Operations (e.g. copying, postage, facilities)	74,896.39
Travel	6,000.00
Fixed assets	.00
Indirect expenses (overhead)	Included in Operations
Ambulance subsidy	N/A
EMS Fund payments to physicians/hospital	31,552.92
Dispatch center operations (non-staff)	N/A
Training program operations	Include in numbers above
Other: Misc. Contractual	17,018.00
Other: Legal	2,000.00
Other: Contingency	36,552.40
TOTAL EXPENSES	\$ 542,944.41

6. **SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	\$ N/A
Preventive Health and Health Services (PHHS) Block Grant	N/A
Office of Traffic Safety (OTS)	N/A
State general fund	287,729.00
County general fund	N/A
Other local tax funds (e.g., EMS district)	N/A
County contracts (e.g. multi-county agencies)	129,634.51
Certification fees	22,000.00
Training program approval fees	N/A
Training program tuition/Average daily attendance funds (ADA)	N/A
Job Training Partnership ACT (JTPA) funds/other payments	N/A
Base hospital application fees	18,063.52

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	N/A
Trauma center designation fees	N/A
Pediatric facility approval fees	N/A
Pediatric facility designation fees	N/A
Other critical care center application fees	N/A
Type: _____	
Other critical care center designation fees	N/A
Type: _____	
Ambulance service/vehicle fees	34,831.46
Contributions	N/A
EMS Fund (SB 12/612)	35,796.44
Other grants: _____	N/A
Other fees: Interest/Misc Inc.	5,100.00
Other (specify): Conference, Advertising, Continuing Education	14,000.00
TOTAL REVENUE	\$ 547,154.93

***TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DON'T, PLEASE EXPLAIN.***

Both Revenue and Expenses equal \$511,358.49 for the 2017-2018 General Fund Budget. The difference in this report is due to the EMS Fund. The submitted 2017-2018 General Fund Budget is reflective of only the anticipated revenue for administration of the EMS Fund and does not show the pass-through dollars back to hospitals and physicians.

To report a full year of EMS Fund for this report, we used the actual figures collected and distributed for fiscal year 2017-2018. This is why the Revenue and Expenses show slightly different numbers on this report only.

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

_____ We do not charge any fees

☒ Our fee structure is:

EMR certification	\$ 35.00
EMS dispatcher certification	N/A
EMT-I certification	45.00
EMT-I recertification	28.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
AEMT certification	45.00
AEMT recertification	28.00
EMT-P accreditation	100.00
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	100.00
MICN/ARN recertification	28.00
EMT-I training program approval	--
AEMT training program approval	--
EMT-P training program approval	--
MICN/ARN training program approval	--
Base hospital application	--
Base hospital designation	--
Trauma center application	--
Trauma center designation	--
Pediatric facility approval	--
Pediatric facility designation	--
Other critical care center application	
Type: None	
Other critical care center designation	
Type: None	
Ambulance service license	--
Ambulance vehicle permits	--
Other: ALS Ambulance Application	500.00
Other: Ambulance Provider Fee	327 - 4,820 (a)
Other: County Contract Fee	12,000 - 78,000 (a)
	(a) based on formula

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin/Coord/Director	Chief Executive Officer	40.00%	51.95	29%	Part-time position
Asst. Admin/Admin Asst/Admin Mgr.	Director Business Administration	90.00%	26.57	26%	
	Administrative Assistant	90.00%	15.58	35%	
ALS Coord./Field Coord./Trng Coordinator	EMS Specialist	45.00%	25.00		Part-time position
Program Coordinator/Field Liaison (Non-clinical)	Project Coordinator	60.00%	18.13	29%	Part-time position
Trauma Coordinator					
Medical Director	Medical Director	20.00%	85.00	--	Contract Position
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	Director of Information Technology	80.00%	37.09		
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical					
Data Entry Clerk					
Other					

Northern California EMS, Inc.
Board of Directors

Dan Spiess
Chief Executive Officer

Eric Rudnick, M.D.
Medical Director
Contractor

Bill Bogenreif
Director of Information Technology

Patti Garrison
Project Coordinator

Shawn Poore, EMT-P
EMS Specialist

Donna Stone
Director of Business
Administration

Kathy Van Donge
Administrative Assistant

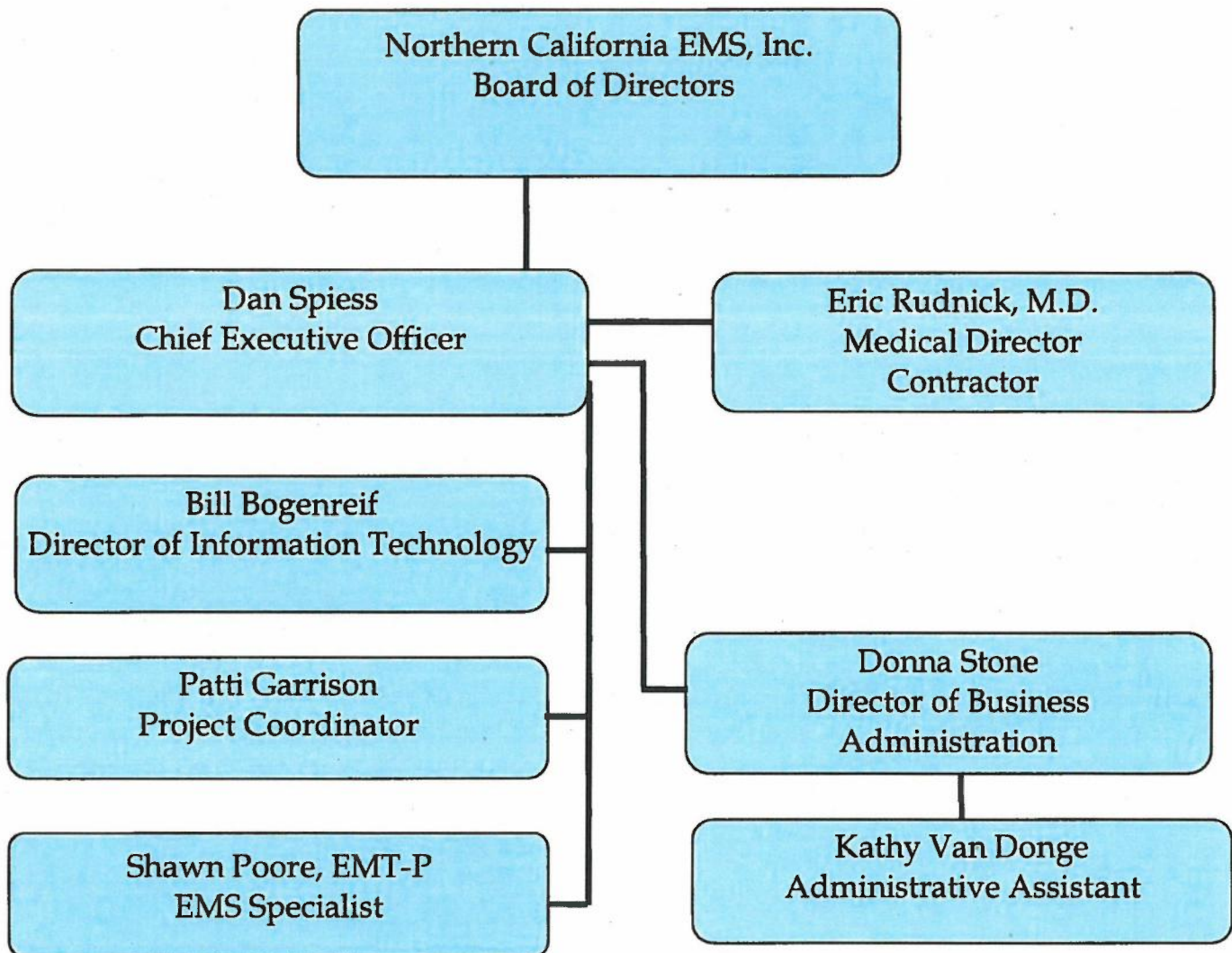


TABLE 3

STAFFING AND TRAINING

REPORTING YEAR 2018 (FY 2017-18)

TABLE 3: STAFFING/TRAINING

Reporting Year: Reporting Year 2017 (FY 2017-18)

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	417	27		14
Number newly certified this year	37	12		1
Number recertified this year	149	5		5
Total number of accredited personnel on July 1 of the reporting year			153	
Number of certification reviews resulting in:				
a) formal investigations	2			
b) probation	2		1	
c) suspensions	0			
d) revocations	0			
e) denials	0			
f) denials of renewal	0			
g) no action taken	0			

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs

444

b) Number of public safety (defib) certified (non-EMT-I)

333

2. Do you have an EMR training program

☒ yes ☐ no

TABLE 4

COMMUNICATIONS

REPORTING YEAR 2018 (FY 2017-18)

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Northern California EMS, Inc. Reporting Year 2018 (FY 2017-18)

County: Lassen

- | | |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>0</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>1</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies? | Sheriff's Office |
| <hr/> | |
| 7. Who is your primary dispatch agency for a disaster? | Fire |
| <hr/> | |
| 8. Do you have an operational area disaster communication system? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| a. Radio primary frequency <u> </u> | |
| b. Other methods <u> </u> | |
| c. Can all medical response units communicate on the same disaster communications system? County, Fire, MedNet, CALCORD | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Northern California EMS, Inc. Reporting Year 2018 (FY 2017-18)

County: Modoc

- | | |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>0</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>0</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>1</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies? | Sheriff's Office |
| <hr/> | |
| 7. Who is your primary dispatch agency for a disaster? | Sheriff's Office |
| <hr/> | |
| 8. Do you have an operational area disaster communication system? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| a. Radio primary frequency <u> </u> | |
| b. Other methods <u> </u> | |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 1) Within the operational area? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Northern California EMS, Inc. Reporting Year 2018 (FY 2017-18)

County: Plumas

- | | |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>0</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>None</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>None</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies? | Sheriff's Office |
| 7. Who is your primary dispatch agency for a disaster? | Sheriff's Office |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency Various | |
| b. Other methods Races | |
| c. Can all medical response units communicate on the same disaster communications system? Unknown if all EMS follow the local TICP | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Northern California EMS, Inc. Reporting Year 2018 (FY 2017-18)

County: Sierra

- | | |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP) | 1 |
| 2. Number of secondary PSAPs | 0 |
| 3. Number of dispatch centers directly dispatching ambulances | 1 |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | 0 |
| 5. Number of designated dispatch centers for EMS Aircraft | 0 |
| 6. Who is your primary dispatch agency for day-to-day emergencies? | Sheriff's Office |
| <hr/> | |
| 7. Who is your primary dispatch agency for a disaster? | Sheriff's Office |
| <hr/> | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency 156.165 | |
| b. Other methods | |
| <hr/> | |
| c. Can all medical response units communicate on the same disaster communications system? County, Fire, MedNet, CALCORD | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Northern California EMS, Inc. Reporting Year 2018 (FY 2017-18)

County: Trinity

- | | | |
|--|---|---|
| 1. Number of primary Public Service Answering Points (PSAP) | 1 | |
| 2. Number of secondary PSAPs | 0 | |
| 3. Number of dispatch centers directly dispatching ambulances | 2 | |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | 0 | |
| 5. Number of designated dispatch centers for EMS Aircraft | 0 | |
| 6. Who is your primary dispatch agency for day-to-day emergencies? | Sheriff's Office | |
| <hr/> | | |
| 7. Who is your primary dispatch agency for a disaster? | Sheriff's Office | |
| <hr/> | | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| a. Radio primary frequency 154.7850 Mobile RX / 158.7600 Mobile TX | | |
| b. Other methods: County has multi-agency radio communication system and Reverse 9-1-1 | | |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1) Within the operational area? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 5

RESPONSE – TRANSPORTATION

REPORTING YEAR 2018 (FY 2017-18)

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2018 (FY 2017-18)

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 17

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	Not Applicable	Not Applicable	0:53:18	0:53:18
Early defibrillation responder	No data available	No data available	No data available	No data available
Advanced life support responder	Not Applicable	0:11:00	0:21:19	0:21:14
Transport Ambulance	Not Applicable	0:27:00	17:51:00	10:32:12

Notes: N/A - Not Applicable

TABLE 6

FACILITIES – CRITICAL CARE

REPORTING YEAR 2018 (FY 2017-18)

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year 2018 (FY 2017-18)

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>1341</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>625</u>
3. Number of major trauma patients transferred to a trauma center	<u>56</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u>660</u>

Emergency Departments

Total number of emergency departments	<u>8</u>
1. Number of referral emergency services	<u>0</u>
2. Number of standby emergency services	<u>6</u>
3. Number of basic emergency services	<u>2</u>
4. Number of comprehensive emergency services	<u>0</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>6</u>
2. Number of base hospitals with written agreements	<u>2</u>

TABLE 7

DISASTER – MEDICAL

REPORTING YEAR 2018 (FY 2017-18)

TABLE 7: DISASTER MEDICAL

Reporting Year 2018 (FY 2017-18)

County: Lassen

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

a. Where are your CCPs located? CCP's are mobile and based on where incidents occur as needed.

b. How are they staffed? Local EMS personnel, Public Health Staff, Volunteers if needed.

c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No

2. CISM

Do you have a CISM provider with 24-hour capability? ☒ Yes ☐ No

3. Medical Response Team

a. Do you have any team medical response capability? ☐ Yes ☒ No

b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No

c. Are they available for statewide response? ☐ Yes ☒ No

d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No

4. Hazardous Materials

a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No

b. At what HazMat level are they trained? FRA/FRO/Decon, First Receiver.

c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No

d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1

3. Have you tested your MCI Plan this year in a:

a. real event? ☐ Yes ☒ No

b. exercise? ☒ Yes ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
State/Regional mutual aid, no other written agreements.
5. Do you have formal agreements with hospitals in your operational area
to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have formal agreements with community clinics in your
operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? Public Health
8. If your agency is not in the Health Department, do you have a plan to
coordinate public health and environmental health issues with the Health
Department? N/A

TABLE 7: DISASTER MEDICAL

Reporting Year 2018 (FY 2017-18)

County: Modoc

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Unidentified
 - b. How are they staffed? N/A
 - c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No
2. CISD
Do you have a CISD provider with 24-hour capability? ☒ Yes ☐ No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☐ Yes ☒ No
 - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
 - c. Are they available for statewide response? ☐ Yes ☒ No
 - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No
 - b. At what HazMat level are they trained? Decontamination
 - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
 - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
3. Have you tested your MCI Plan this year in a:
 - a. real event? ☐ Yes ☒ No
 - b. exercise? ☒ Yes ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
Region III Counties
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? Health Department Agency
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?

TABLE 7: DISASTER MEDICAL

Reporting Year 2018 (FY 2017-18)

County: Plumas

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Chester, Quincy, Greenville, Portola
 - b. How are they staffed? Hospital & Public Health Personnel
 - c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No
2. CISD
Do you have a CISD provider with 24-hour capability? ☒ Yes ☐ No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☐ Yes ☒ No
 - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
 - c. Are they available for statewide response? ☒ Yes ☐ No
 - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No
 - b. At what HazMat level are they trained? EMT – FRO & Decon levels
 - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
 - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
3. Have you tested your MCI Plan this year in a:
 - a. real event? ☒ Yes ☐ No
 - b. exercise? ☒ Yes ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
MHOAC – Public Health - RDMHS
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☐ Yes ☒ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? Director of Public Health
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ Yes ☐ No

TABLE 7: DISASTER MEDICAL

Reporting Year 2018 (FY 2017-18)

County: Sierra

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Do not have designated CCPs
 - b. How are they staffed? As designated by Sheriff/Coroner and staffed as needed.
 - c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No
2. CISD
Do you have a CISD provider with 24-hour capability? ☐ Yes ☒ No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☐ Yes ☒ No
 - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
 - c. Are they available for statewide response? ☐ Yes ☒ No
 - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☐ Yes ☒ No
 - b. At what HazMat level are they trained? _____
 - c. Do you have the ability to do decontamination in an emergency room? ☐ Yes ☒ No
 - d. Do you have the ability to do decontamination in the field? ☐ Yes ☒ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
3. Have you tested your MCI Plan this year in a:
 - a. real event? ☐ Yes ☒ No
 - b. exercise? ☐ Yes ☒ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement: N/A
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? There are no hospitals in Sierra County ☐ Yes ☒ No
6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response?
- Health Care Coalition Agreement ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? Sierra County Health & Humans Service
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?
- We are the Health Department ☐ Yes ☒ No

TABLE 7: DISASTER MEDICAL

Reporting Year 2018 (FY 2017-18)

County: Trinity

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Weaverville Airport, Hayfork Fairgrounds
 - b. How are they staffed? EMS and Public Health staff
 - c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No
2. CISD
Do you have a CISD provider with 24-hour capability? ☒ Yes ☐ No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☐ Yes ☒ No
 - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
 - c. Are they available for statewide response? ☐ Yes ☒ No
 - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No
 - b. At what HazMat level are they trained? FRO/Decon
 - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
 - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
3. Have you tested your MCI Plan this year in a:
 - a. real event? ☐ Yes ☒ No
 - b. exercise? ☒ Yes ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
We have mutual aid through Region III RDMHS protocol; however, no independent MAAs with any counties. Would like to start one with Humboldt County eventually.
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? Health and Human Services, OES Manager
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ Yes ☐ No

TABLE 8

RESPONSE – TRANSPORTATION – PROVIDERS

REPORTING YEAR 2018 (FY 2017-18)

Table 8: Resource Directory

Reporting Year 2018 (FY 2017-18)

Response/Transportation/Providers

County: Lassen

Provider: SEMSA Ground Susanville
Lassen Ambulance/Adin/Fall
River Mills (S64-50873)

Response Zone: 1

Address: 1545 Paul Bunyon, Suite 3
Susanville, CA 96130

Number of Ambulance Vehicles in Fleet: 4

Phone Number: 775-691-4720

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

2443 Total number of responses
 2194 Number of emergency responses
 249 Number of non-emergency responses

1941 Total number of transports
 1722 Number of emergency transports
 219 Number of non-emergency transports

Air Ambulance Services

____ Total number of responses
 ____ Number of emergency responses
 ____ Number of non-emergency responses

____ Total number of transports
 ____ Number of emergency transports
 ____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year 2018 (FY 2017-18)

Response/Transportation/Providers

County: Lassen

Provider: SEMSA Air Susanville
(S64-51803)

Response Zone: Zone 1
See Aircraft Map

Address: 17301 Valley Mall
Susanville, CA 96130

Number of Ambulance Vehicles in Fleet:

Phone Number: 530-257-9475

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

239 Total number of responses
233 Number of emergency responses (SCENE)
6 Number of non-emergency responses (IFT)

235 Total number of transports
229 Number of emergency transports (SCENE)
6 Number of non-emergency transports (IFT)

Table 8: Resource Directory

Reporting Year 2018 (FY 2017-18)

Response/Transportation/Providers

County: Lassen Provider: Sierra Army Depot (S64-51804) Response Zone: Inside Zone 1
 Address: 74 Currant St – Box 5000 Number of Ambulance Vehicles in Fleet: _____
Herlong, CA 961413
 Phone Number: 530-827-2111 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

245 Total number of responses
235 Number of emergency responses
10 Number of non-emergency responses

2 Total number of transports
2 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year 2018 (FY 2017-18)

Response/Transportation/Providers

County: Lassen

Provider: California Correctional Center/High
Desert State Prison Fire Dept
(S64-51224)

Response Zone: (Inside Zone 1)

Address: 71145 Center Road
Susanville, CA 96127

Number of Ambulance Vehicles in Fleet:

**Phone
Number:** 530-257-2181

**Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day:**

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

31 Total number of responses
4 Number of emergency responses
27 Number of non-emergency responses

27 Total number of transports
3 Number of emergency transports
24 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year 2018 (FY 2017-18)

Response/Transportation/Providers

County: Lassen

Provider: SEMSA Ground Adin - Lassen
Ambulance/Adin/Fall River Mills
(S64-51811)

Response Zone: 2

Address: 205 Ash Valley Road
Adin, CA 96006

Number of Ambulance Vehicles in Fleet:

Phone
Number: 530-299-3110Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day:

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

104 Total number of responses
 93 Number of emergency responses
 11 Number of non-emergency responses

74 Total number of transports
 69 Number of emergency transports
 5 Number of non-emergency transports

Air Ambulance Services

____ Total number of responses
 ____ Number of emergency responses
 ____ Number of non-emergency responses

____ Total number of transports
 ____ Number of emergency transports
 ____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year 2018 (FY 2017-18)

Response/Transportation/Providers

County: Lassen

Provider: PHI Air NorCal Prog 61 CA
S64-50731

Response Zone: See Aircraft Map

Address: 471-920 Johnstonville Dr (Hanger #9)
Susanville, CA 96130

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-251-4908

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

99 Total number of responses
94 Number of emergency responses (SCENE)
5 Number of non-emergency responses (IFT)

62 Total number of transports
62 Number of emergency transports (SCENE)
0 Number of non-emergency transports (IFT)

Table 8: Resource Directory

Reporting Year 2018 (FY 2017-18)

Response/Transportation/Providers

County: Lassen

Provider: SEMSA Air Adin - Lassen
Ambulance/Adin/Fall River Mills
(S64-51812)

Response Zone: See Aircraft Map

Address: 205 Ash Valley Rd
Adin, CA 96006

Number of Ambulance Vehicles in Fleet:

Phone Number: 530-299-3110

**Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day:**

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

131 _____ Total number of responses
 129 _____ Number of emergency responses
 2 _____ Number of non-emergency responses

116 _____ Total number of transports
 114 _____ Number of emergency transports
 1 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year 2018 (FY 2017-18)

Response/Transportation/Providers

County: Lassen

Provider: PHI Air NorCal Prog 61 CA
S64-50731

Response Zone: See Aircraft Map

Address: 471-920 Johnstonville Dr (Hanger #9)
Susanville, CA 96130

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 530-251-4908

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

99 Total number of responses
94 Number of emergency responses (SCENE)
5 Number of non-emergency responses (IFT)

62 Total number of transports
62 Number of emergency transports (SCENE)
0 Number of non-emergency transports (IFT)

Table 8: Resource Directory

Reporting Year 2018 (FY 2017-18)

Response/Transportation/Providers

County: Modoc

Provider: Modoc Medical Center/Last
Frontier Health District
(S64-50632)

Response Zone: 1

Address: 228 W. McDowell St
Auburn, CA 96101

Number of Ambulance Vehicles in Fleet: 4

Phone Number: 530-233-5131

**Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Hospital District	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Other Explain: Hospital District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

731 Total number of responses
 634 Number of emergency responses
 97 Number of non-emergency responses

627 Total number of transports
 547 Number of emergency transports
 80 Number of non-emergency transports

Air Ambulance Services

____ Total number of responses
 ____ Number of emergency responses
 ____ Number of non-emergency responses

____ Total number of transports
 ____ Number of emergency transports
 ____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year 2018 (FY 2017-18)

Response/Transportation/Providers

County: Modoc

Provider: Surprise Valley Hospital
Ambulance S64-50915

Response Zone: 2

Address: P O Box 246
Cedarville, CA 96104

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-279-6111

**Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Hospital District	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Other Explain: Hospital District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

83 Total number of responses
42 Number of emergency responses
41 Number of non-emergency responses

78 Total number of transports
39 Number of emergency transports
39 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year 2018 (FY 2017-18)

Response/Transportation/Providers

County: Plumas Provider: Chester Fire (S64-50284) Response Zone: 1
 Address: P O Box 177 Number of Ambulance Vehicles in Fleet: 3
Chester, CA 96020
 Phone Number: 530-258-3456 Average Number of Ambulances on Duty
 At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

380 Total number of responses
253 Number of emergency responses
127 Number of non-emergency responses

289 Total number of transports
202 Number of emergency transports
87 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year 2018 (FY 2017-18)

Response/Transportation/Providers

County: Plumas Provider: Peninsula Fire S64-50724 Response Zone: 2
 Address: 801 Golf Club Road Number of Ambulance Vehicles in Fleet: 2
Lake Almanor, CA 96137
 Phone Number: 530-259-2309 Average Number of Ambulances on Duty
 At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

127 Total number of responses
117 Number of emergency responses
10 Number of non-emergency responses

69 Total number of transports
63 Number of emergency transports
6 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year 2018 (FY 2017-18)

Response/Transportation/ProvidersCounty: **Plumas**Provider: PHI Ground Greenville Prog 93
CA (S64-51724) (old Lassen
Ambulance)Response Zone: **3**Address: 710 Ash Street
Susanville, CA 96130Number of Ambulance Vehicles in Fleet: 1Phone
Number: 530-310-0225Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

172 Total number of responses
170 Number of emergency responses
2 Number of non-emergency responses

169 Total number of transports
168 Number of emergency transports
1 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year 2018 (FY 2017-18)

Response/Transportation/Providers

County: Plumas

Provider: Care Flight Ground Operations - Response Zone: 4

Plumas (S64-50751) (AKA
Plumas District Hospital)Address: 1065 Bucks Lake Road
Quincy, CA 95971

Number of Ambulance Vehicles in Fleet: 3

Phone
Number: 530-283-2127Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Hospital District	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Other Explain: Hospital District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

916 Total number of responses
 576 Number of emergency responses
 340 Number of non-emergency responses

671 Total number of transports
 451 Number of emergency transports
 220 Number of non-emergency transports

Air Ambulance Services

____ Total number of responses
 ____ Number of emergency responses
 ____ Number of non-emergency responses

____ Total number of transports
 ____ Number of emergency transports
 ____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year 2018 (FY 2017-18)

Response/Transportation/Providers

County: Plumas

Provider: Eastern Plumas District Hospital
(S64-50360)Response Zone: 5 (Includes Sierra
Zone 2 & Sierra Zone
3)Address: 500 First Avenue
Portola, CA 96122

Number of Ambulance Vehicles in Fleet: 5

Phone
Number: 530-832-4277Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Hospital District	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Other Explain: Hospital District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

1199 Total number of responses
 926 Number of emergency responses
 273 Number of non-emergency responses

992 Total number of transports
 750 Number of emergency transports
 242 Number of non-emergency transports

Air Ambulance Services

____ Total number of responses
 ____ Number of emergency responses
 ____ Number of non-emergency responses

____ Total number of transports
 ____ Number of emergency transports
 ____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year 2018 (FY 2017-18)

Response/Transportation/Providers

County: **Plumas**Provider: **Care Flight - Beckwourth
(S64-51786)**Response Zone: **See Aircraft Map**Address: **Nervino Airport, 96129**

Number of Ambulance Vehicles in Fleet: _____

Phone
Number: **530-832-9915**Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

286 Total number of responses
267 Number of emergency responses (SCENE)
19 Number of non-emergency responses (IFT)

275 Total number of transports
256 Number of emergency transports (SCENE)
19 Number of non-emergency transports (IFT)

Table 8: Resource Directory

Reporting Year 2018 (FY 2017-18)

Response/Transportation/Providers

County: Sierra Provider: Downieville Fire (S64-50346) Response Zone: 1
 Address: P O Box 25 Number of Ambulance Vehicles in Fleet: 4
Downieville, CA 95936
 Phone Number: 530-289-3201 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

106 Total number of responses
105 Number of emergency responses
1 Number of non-emergency responses

81 Total number of transports
81 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year 2018 (FY 2017-18)

Response/Transportation/Providers

County: Trinity

Provider: Trinity County Life Support
(S64-50938)

Response Zone: 1

Address: P O Box 2907
Weaverville, CA 96093

Number of Ambulance Vehicles in Fleet: 4

Phone Number: 530-623-2500

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

1592 Total number of responses
1219 Number of emergency responses
373 Number of non-emergency responses

974 Total number of transports
707 Number of emergency transports
267 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year 2018 (FY 2017-18)

Response/Transportation/Providers

County: Trinity **Provider:** Trinity Center (S64-50937) **Response Zone:** 2
Address: P O Box 346 **Number of Ambulance Vehicles in Fleet:** 1
Trinity Center, CA 96091
Phone
Number: 530-286-2270 **Average Number of Ambulances on Duty**
At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

58 Total number of responses
54 Number of emergency responses
4 Number of non-emergency responses

8 Total number of transports
8 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year 2018 (FY 2017-18)

Response/Transportation/Providers

County: Trinity Provider: Coffee Creek (S64-50303) Response Zone: 2
 Address: P O Box 346 Number of Ambulance Vehicles in Fleet: 1
Trinity Center, CA 96091
 Phone Number: 530-286-2270 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

8 Total number of responses
8 Number of emergency responses
0 Number of non-emergency responses

6 Total number of transports
6 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year 2018 (FY 2017-18)

Response/Transportation/Providers

County: Trinity

Provider: Southern Trinity Area Rescue
(S64-50898)

Response Zone: 3

Address: P O Box 4
Mad River, CA 95552

Number of Ambulance Vehicles in Fleet: 2

Phone
Number: 707-574-6613Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

101 Total number of responses
 90 Number of emergency responses
 11 Number of non-emergency responses






40 Total number of transports
 35 Number of emergency transports
 5 Number of non-emergency transports

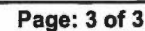
Air Ambulance Services

____ Total number of responses
 ____ Number of emergency responses
 ____ Number of non-emergency responses

____ Total number of transports
 ____ Number of emergency transports
 ____ Number of non-emergency transports



Air Region	Air Ambulance Providers Assigned to Air Region	Air Region	Air Ambulance Providers Assigned to Air Region	Highest Hospital Designation	
1	Mercy Flights (Medford, OR) 2020 Milligan Way, 97504 42° 22' 12" N 122° 52' 36" W	8	Care Flight 1 (Reno, NV) 450 Edison Way, 89502 39° 30' 03" N 119° 45' 06" W		Level 2 Trauma Ctr.
2	PHI Med 4-3 (Redding, CA) 5900 Old Oregon Trail, 96002 40° 31' 36" N 122° 17' 36" W Base: 530-221-0646	9	Care Flight 3 (Truckee, CA) 12111 Chandelle Way, 96161 39° 19' 13" N 120° 8' 58" W Base Phone: 530-587-8397		Level 3 Trauma Ctr.
	REACH 5 (Redding, CA) 1524 East St, 96001 40° 35' 5" N 122° 23' 17" W				
3	SEMSA Air 1 (Susanville, CA) 17301 Valley Mall, 96130 40° 22' 36" N 120° 34' 32" W	10	CALSTAR 6 (South Lake Tahoe, CA) 1901 Airport Rd, S Lake Tahoe, 96150 38° 53' 27" N 119° 59' 57" W		Level 4 Trauma Ctr.
	PHI Med 4-5 (Susanville, CA) 471-920 Johnstonville Dr (Hanger #9) 96130 40° 22' 23.592" N 120° 34' 35.8674" W		Care Flight 2 (Gardnerville, NV) Virginia Ranch Road, 89410 39° 0' 3" N 119° 45' 27" W		
4	Enloe Flight Care (Chico, CA) 1531 Esplanade Ave, 95926 39° 44' 32" N 121° 50' 57" W Base Phone: 530-332-6774	11	CALSTAR 3 (Auburn, CA) 13750 Lincoln Way, 95603 38° 56' 02.6" N 121° 03' 12.2" W Base Phone: 530-887-0569		Base Hospital
	CALSTAR 4 (Ukiah, CA) 1351 S State St, 95482 39° 07' 49" N 123° 12' 12" W		AirLink (CCT- Klamath Falls, OR) 2500 Neff Rd, 97603 42° 09' 56.5" N 121° 45' 03.8" W Base Phone: 1-800-621-5433		
5	REACH 18 (Willits, CA) Willits Airport - 1320 Poppy Dr, 95490 39° 27' 09.6" N 123° 22' 24.3" W	13	Care Flight 4 (Beckwourth, CA) Nervino Airport, 96129 39° 49' 11" N 120° 21' 17" W		Receiving Facility
	REACH 6 (Lakeport, CA) 4615 Highland Springs Rd, 95453 38° 59'.29" N 122° 53'.65" W		LifeNet 3-4 (Montague, CA) 900 B Old Montague Rd, 96064 41° 43' 46" N 122° 32' 36" W		
6		14	SEMSA Air 2 (Adin, CA) 205 Ash Valley Rd (Co Rd 88), 96006 41° 11' 21.7" N 120° 56' 27.8" W		Clinic
7		15			
	REACH 7 (Marysville, CA) Sky Harbor Dr, Olivehurst, 95961 39° 5' 36" N 121° 33' 49" W				
		16			



AMBULANCE ZONE SUMMARY FORMS

AND ZONE MAPS

REPORTING YEAR 2018 (FY 2017-18)

EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

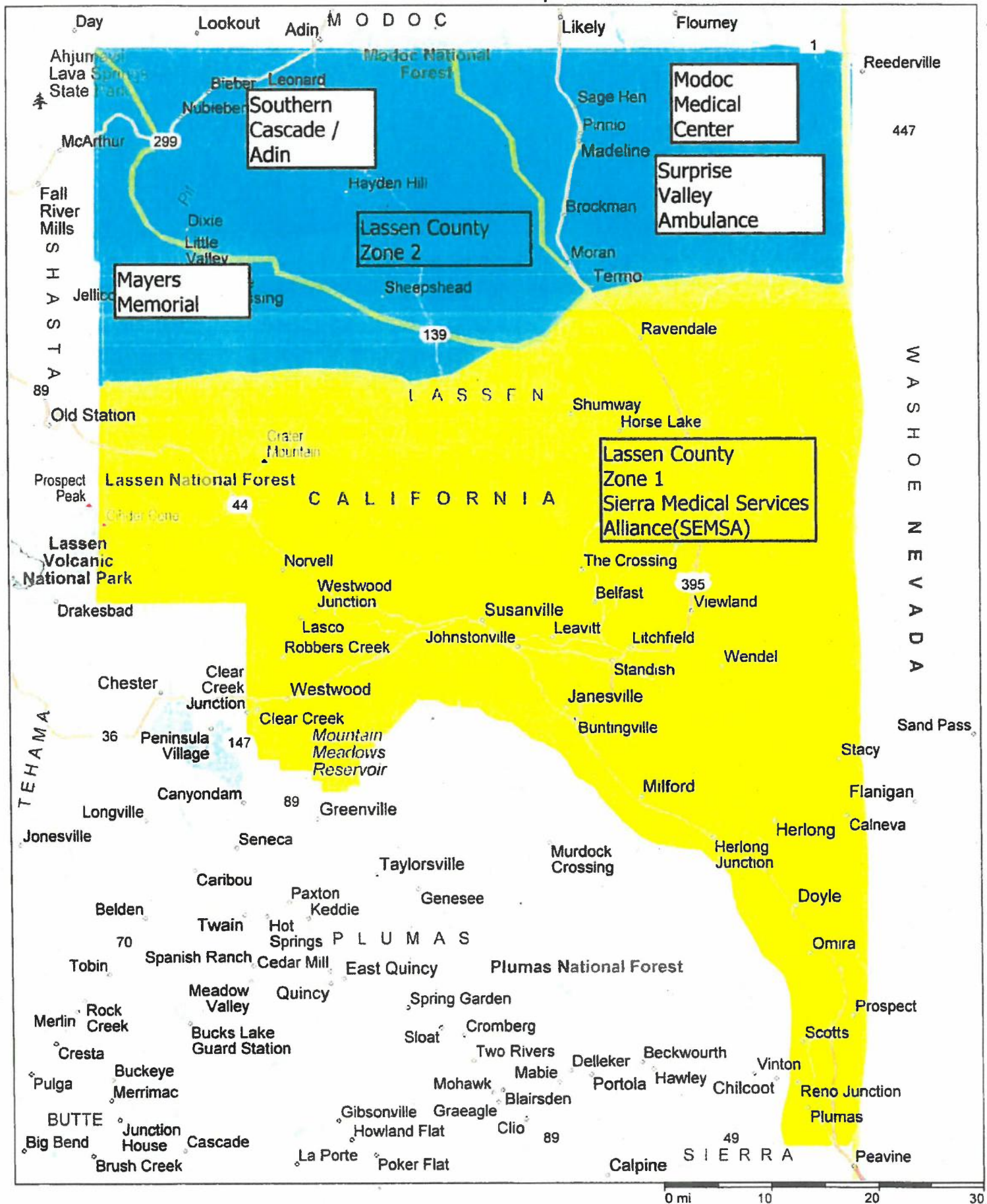
Local EMS Agency or County Name: <p style="text-align: center;">Northern California EMS, Inc. / Lassen County</p>
Area or Subarea (Zone) Name or Title: <p style="text-align: center;">Zone 1 (Central, West and East County Areas)</p>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small> <p style="text-align: center;">Sierra Emergency Medical Services Agency (SEMSA)</p>
Area or Subarea (Zone) Geographic Description: <p style="text-align: center;">Refer to map</p>
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): <p style="text-align: center;">Exclusive</p>
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small> <ol style="list-style-type: none"> 1. Emergency ambulance services, ground including: <ul style="list-style-type: none"> • all 9-1-1-/PSAP requests for ground service; • all seven-digit telephone number requests for ground ambulance services; 2. Inter-facility ambulance transports from a general acute care hospital in Lassen County to any other general acute care hospital, excluding those that involve ground transportation by an air-ambulance operator to an airport for additional transfer by a fixed-wing air ambulance, critical care transports, hospital based neonatal transport services, and physician-staffed ambulance transports; 3. BLS non-emergency services; and 4. Standby service with transportation authorization
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> <p style="text-align: center;">Competitively determined by RFP process</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc. / Lassen County
Area or Subarea (Zone) Name or Title: Zone 2 (North County Area)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Southern Cascade (Adin) Mayers Memorial Hospital Ambulance (western extreme) since approximately 1974 Modoc Medical Center Ambulance (east-central) since the 1940s Surprise Valley Hospital Ambulance (eastern extreme)
Area or Subarea (Zone) Geographic Description: North: Lassen-Modoc County Line East: Nevada State Line South: Intersection of Highway 139 & Termo Grasshopper Road and following Termo Grasshopper Road to intersection of Prairie Drive West: Lassen-Shasta County Line
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

Lesson Menu



**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:

Northern California EMS, Inc./ Modoc County

Area or subarea (Zone) Name or Title:

Zone 1

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Last Frontier Health Care District (Modoc Medical Center)

Area or subarea (Zone) Geographic Description:

North on Hwy 139 from S/R 299 in Canby to C/R 91 intersection. South on C/R 91 to C/R 85 intersection (Stone Coal Valley Road-West). S/R 299 Westbound from C/R 84 to C/R 86 in the Round Valley area east of Adin. All areas of C/R 84 from S/R 299, westbound to C/R 91. All areas of C/R 85 (Stone Coal Valley Road) westbound to C/R 91. South of Alturas on Highway 395 to Termo-Grasshopper Road (Lassen C/R 515) in Lassen County. Westbound on Termo-Grasshopper Road to Westside Road. Northbound on Westside Road to Holbrook Reservoir on Lassen C/R 527 (Ash Valley Road-East) and to the MMC Ambulance normal response area.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Non-exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

N/A

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

N/A

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc./ Modoc County
Area or subarea (Zone) Name or Title: Zone 2
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Surprise Valley Healthcare
Area or subarea (Zone) Geographic Description: Eastern extreme of Modoc County—see map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> N/A

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:

Northern California EMS, Inc./ Modoc County

Area or subarea (Zone) Name or Title:

Zone 3

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Southern Cascade (Adin)

Area or subarea (Zone) Geographic Description:

SR 299E at Big Valley Summit east through Big Valley and over Adin Pass to Modoc MP 21 on 299E. Nearest landmark is the Cal Trans Canby Bridge Sand House. West from Modoc Co Rd 84 and National Forest System Roads off of Modoc County Rd 84 ending at Modoc Co Rd 91.

East of Adin on Ash Valley Road at Holbrook Reservoir and East of SR 139 on Grasshopper Rd to the town of Thermo on US Hwy 395.

South of Adin on SR 139 to Lassen MP 33.5. Nearest landmark is Cleghorn Rd intersection of Grasshopper Fire Station.

West – follows the peak of the Big Valley Mountain Range from the Summit of Big Valley Mountain to the ridgeline of Whitehorse Mountain Range then to the corner of Modoc, Shasta, Siskiyou Counties through Modoc County into Siskiyou County and the Northern Pacific Power Interlie. Line then travels north and east of the Burnt Lava Flow over Border Mountain to the Southeast Corner of the Glass Mountain Geologic Area - then east to the intersection of Modoc Co Rd and Hwy 139.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Non-exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

N/A

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

N/A

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc./ Modoc County
Area or subarea (Zone) Name or Title: Zone 4
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Basin Ambulance and Lakeview Disaster Response (Oregon)
Area or subarea (Zone) Geographic Description: Northwest Modoc County – See map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> N/A

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc./ Modoc County
Area or subarea (Zone) Name or Title: Zone 5
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Mayers Memorial Hospital
Area or subarea (Zone) Geographic Description: S/R 299 at Big Valley Summit east bound through the Town of Adin to C/R 86 in the Round Valley area. East of Adin on C/R 88 (Modoc) / C/R 527 (Lassen) on the Ash Valley Road to Holbrook Reservoir. South of the Town of Adin on Hwy. 139 to the Willow Creek USFS Campground. C/ R 87 west bound from the Town of Adin to C/R 91 in Lookout Rural. C/R 91 north from S/R 299 in the Town of Bieber to the intersection of C/R 85 (Stone Coal Valley Road -West). All area(s) west of C/R 91 to the Mayers Ambulance normal response area.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

A map of the Modoc National Forest area, divided into five color-coded disaster response zones. Zone 1 (yellow) is the central Modoc National Forest, containing the Modoc Medical Center. Zone 2 (pink) is Surprise Valley to the east, containing Surprise Valley Healthcare. Zone 3 (green) is Southern Cascade / Adin to the southwest, containing Southern Cascade / Adin. Zone 4 (light blue) is Lakeview to the north, containing Lakeview Disaster Resp (OR). Zone 5 (orange) is at the southern edge, containing Mayers Memorial Ambulance. The map also shows surrounding areas like Lava Beds National Monument, Shasta National Forest, and various towns and roads.

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**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc./ Plumas County
Area or Subarea (Zone) Name or Title: Zone 1
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small> Chester Fire Protection District
Area or Subarea (Zone) Geographic Description: North: Lassen National Park including Highway 89 to Summit Lake. East: SR 36 to Johnson's Grade South: SR 89 to the area of Rocky Point Campground Southwest: SR 32 Southwest to Highway 32 at the Tehama/Butte County line West: SR 36 to the SR 89 (north) intersection. And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small> N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> N/A

EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: <div style="text-align: center;">Northern California EMS, Inc. / Plumas County</div>
Area or subarea (Zone) Name or Title: <div style="text-align: center;">Zone 2</div>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> <div style="text-align: center;">Peninsula Fire Protection District</div>
Area or subarea (Zone) Geographic Description: <div style="text-align: center;"> <u>Peninsula Primary Response Area</u> East: Highway 36 to the Lassen County line West: Highway 36 to the top of Johnson's Grade North: Lassen County line – wilderness area. South: Highway 147 to the area of Highway 89 </div>
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): <div style="text-align: center;">Non-exclusive</div>
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <div style="text-align: center;">N/A</div>
Method to achieve Exclusivity, if Applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>Competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> <div style="text-align: center;">N/A</div>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc./ Plumas County
Area or subarea (Zone) Name or Title: Zone 3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. PHI - Greenville
Area or subarea (Zone) Geographic Description: Greenville and areas surrounding Greenville
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

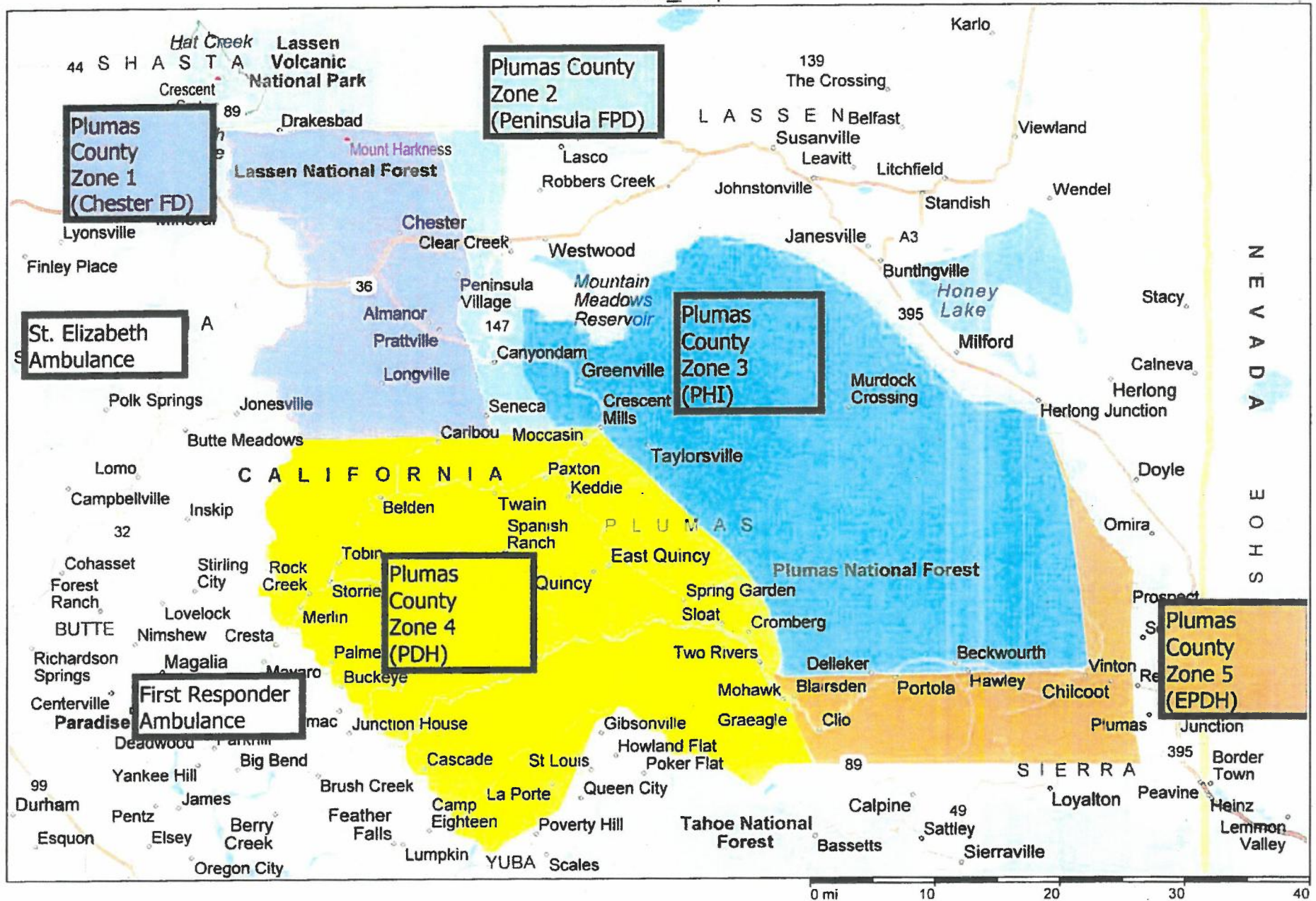
Local EMS Agency or County Name: Northern California EMS, Inc. / Plumas County
Area or subarea (Zone) Name or Title: Zone 4
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Plumas District Hospital Ambulance
Area or subarea (Zone) Geographic Description: North: Highway 89/70 junction at the Greenville Wye West: Highway 70 to the Butte County Line East: Highway 70/89 to Mt. Tomba on the east end of Crombert West: Quincy Oroville Highway to the Butte County Line Southwest: La Porte Rd. to just North of Little Grass Valley (seasonal)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Emergency Ambulance 9-1-1 Emergency Response 7-Digit Emergency Response
Method to achieve Exclusivity, if Applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc. / Plumas County
Area or subarea (Zone) Name or Title: Zone 5
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Eastern Plumas Health Care Ambulance
Area or subarea (Zone) Geographic Description: The Eastern Plumas Hospital District has the capabilities to extend its service area, but it is bordered on the north, east and south by the county boundary and on the west by two other hospital districts, which will prevent expansion.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Plumas_Map



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**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc. / Sierra County
Area or subarea (Zone) Name or Title: Zone 1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Downieville Fire Department Ambulance
Area or subarea (Zone) Geographic Description: North: To the Plumas County Line East : SR 49 to Yuba Pass South: To the Nevada County Line west of Jackson Meadows; To Bald Ridge from Jackson Meadows east to Coppins Meadow West: To the Yuba and Plumas County Lines And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc. / Sierra County
Area or subarea (Zone) Name or Title: Zone 2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Eastern Plumas Healthcare Ambulance
Area or subarea (Zone) Geographic Description: North: Approximately 10-15 miles north of French Men Lake East : To Hwy 70/395 South: To Hwy 89 to Little Truckee Summit at Weber Lake Interchange West: To Yuba Gap Hwy 49, Plumas/Sierra County Line on Hwy 70 And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc./ Sierra County
Area or Subarea (Zone) Name or Title: Zone 3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Truckee Fire Protection District
Area or Subarea (Zone) Geographic Description: North: Water drainage basin that empties into Stampede Reservoir accessed by USFS roads 07/450/860 East: Water drainage basin that empties into Stampede Reservoir (crossing USFS road 860/72 intersection) South: Nevada/Sierra County line West: Nevada/Sierra County line up to the USFS 07 Road And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

This map of Sierra County, California, is divided into three distinct zones, each highlighted with a different color and labeled in a black box:

- Sierra County Zone 1 (Downieville):** Shaded in blue, covering the western portion of the county.
- Sierra County Zone 2 (EPHC Amb):** Shaded in orange, covering the central and northern portions of the county.
- Sierra County Zone 3 (Truckee FPD):** Shaded in yellow, covering the southeastern portion of the county.

The map also shows the following features:

- Geography:** Plumas National Forest to the north, Tahoe National Forest to the west, and Toiyabe National Forest to the east.
- Towns and Communities:** Numerous towns are labeled, including Plumas, Portola, Sattley, Sierra City, and Truckee.
- Roads:** Major roads are shown, including Highway 89 and Highway 80.
- Scale:** A scale bar at the bottom indicates distances from 0 to 20 miles.

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**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc. / Trinity County
Area or Subarea (Zone) Name or Title: Zone 1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Trinity County Life Support
Area or Subarea (Zone) Geographic Description: North: SR 3 to Scotts Mountain Summit East: SR 299 and SR3 to Shasta and Siskiyou County Lines South: SR 3 and SR 36 to the Forest Glen/South Fork area West: SR 299 to the Cedar Flat Bridge; Hyampom Road through Hyampom And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc./ Trinity County
Area or Subarea (Zone) Name or Title: Zone 2
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small> Coffee Creek VFD Trinity Center VFD
Area or Subarea (Zone) Geographic Description: North: SR 3 to Scotts Mountain Summit East: Shasta and Siskiyou County Lines South: SR 3 at Cedar Stock Road West: Ridgeline beyond Josephine And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small> N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> N/A

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc./ Trinity County
Area or Subarea (Zone) Name or Title: Zone 3 – STAR (Southern Trinity Area Rescue)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Southern Trinity Area Rescue
Area or Subarea (Zone) Geographic Description: See attached map and specific response locations Describe Area North: South Fork Mountain Ridge to Humboldt County Line South: Mendocino County line to include Yolla Bolly Wilderness and Kettenpom/Zenia areas. East: Hwy 36 to Shasta County Line West: Hwy 36 to Deer Field Ranch – mile market 29.2
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc./ Trinity County
Area or Subarea (Zone) Name or Title: Zone 4 - Hoopa
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small> Hoopa Ambulance
Area or Subarea (Zone) Geographic Description: Extreme Western Trinity County. Western 14 miles of Highway 299
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small> N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> N/A

Trinity_Map

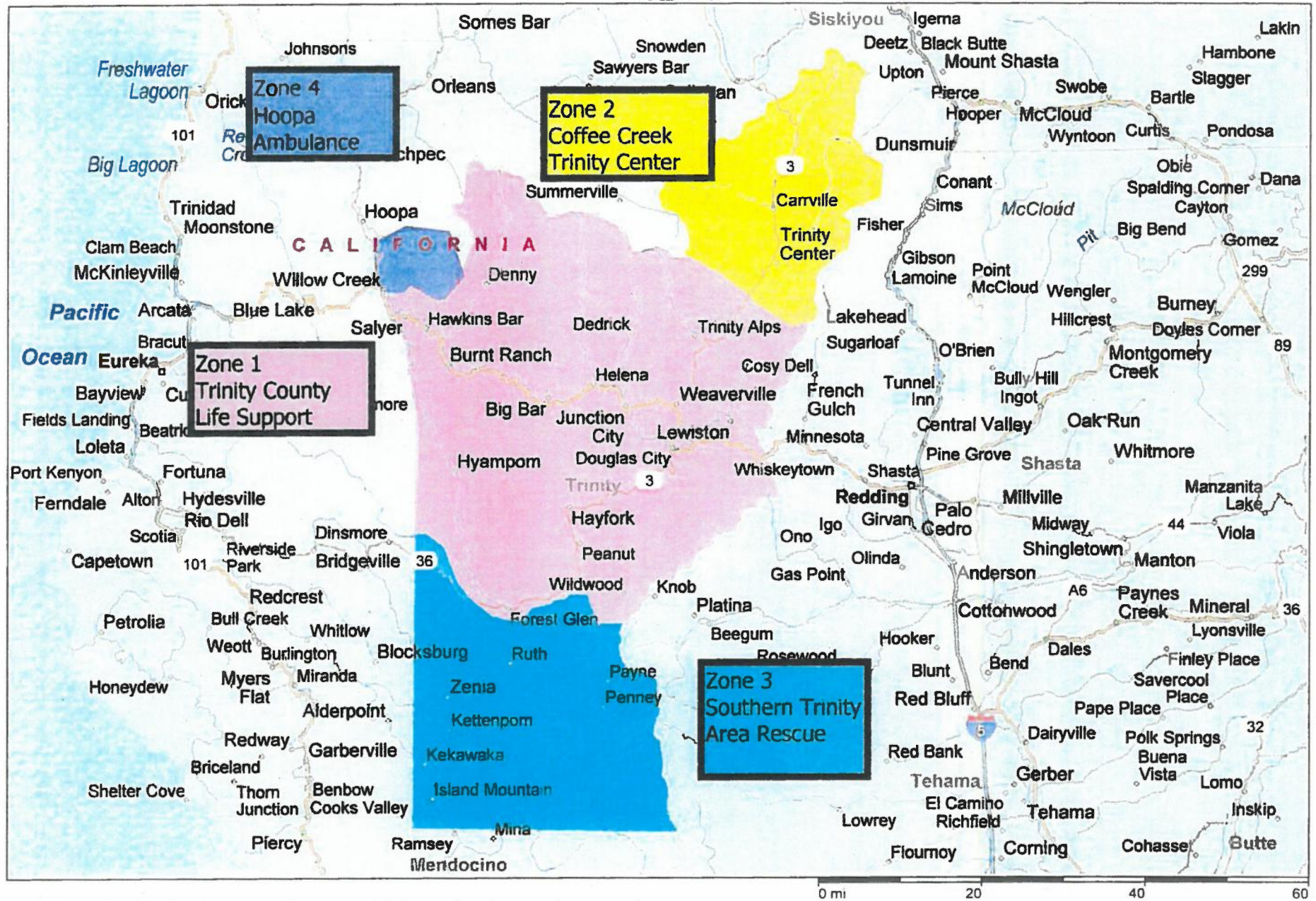


TABLE 9

FACILITIES

REPORTING YEAR 2018 (FY 2017-18)

TABLE 9: FACILITIES

Reporting Year 2018 (FY 2017-18)

County: Lassen

Facility: Banner-Lassen Medical CenterAddress: 1800 Spring Ridge DriveSusanville, CA 96130Telephone Number: 530-252-2000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level IV
---	---	---	---

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Reporting Year 2018 (FY 2017-18)

County: Modoc

Facility: Modoc Medical Center
Address: 225 W. McDowell Ave
Alturas, CA 96101

Telephone Number: 530-233-5131

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
--	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TABLE 9: FACILITIES

Reporting Year 2018 (FY 2017-18)

County: Modoc

Facility: Surprise Valley Health Care DistrictAddress: 741 North Main StCedarville, CA 96104Telephone Number: 530-279-6111

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Alternative	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TABLE 9: FACILITIES

Reporting Year 2018 (FY 2017-18)

County: Plumas

Facility: Eastern Plumas Health Care
Address: 500 1st Avenue
Portola, CA 96122

Telephone Number: 530-832-6500

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹ EDAP² PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
--	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TABLE 9: FACILITIES

Reporting Year 2018 (FY 2017-18)

County: Plumas**Facility:** Plumas District Hospital**Address:** 1065 Bucks Lake RoadQuincy, CA 95971**Telephone Number:** 530-283-2121

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
---	---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TABLE 9: FACILITIES

Reporting Year 2018 (FY 2017-18)

County: Plumas

Facility: Seneca District Hospital
Address: 130 Brentwood Drive
Chester, CA 96020

Telephone Number: 530-258-2648

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level IV
--	---	---

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TABLE 9: FACILITIES

Reporting Year 2018 (FY 2017-18)

County: Trinity

Facility: Mountain Community Healthcare DistrictTelephone Number: 530-623-5541Address: 60 Easter AvenueWeaverville, CA 96093

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TABLE 10

APPROVED TRAINING PROGRAMS

REPORTING YEAR 2018 (FY 2017-18)

Northern California EMS, Inc.
CE Provider Listing

CE Provider Number	County	Approving LEMSA	Entity Name	Address	City	State	ZIP Code	Approved	Expires	Program Status
64-3206	Plumas	Northern California	Peninsula Fire District	801 Golf Club Rd	Lake Almanor	California	96137-	5/1/2011	4/30/2019	Expired
64-5323	Plumas	Northern California	Peninsula Fire District	801 Golf Club Rd	Lake Almanor	California	96137	8/19/2019	8/19/2023	Active
64-5322	Plumas	Northern California	Graeagle Fire Protection District	P.O. Box 522	Graeagle	California	96103	8/7/2019	8/7/2023	Active
64-5321	Plumas	Northern California	Quincy Fire Protection District	505 Lawrence Street	Quincy	California	95971	3/25/2019	3/25/2023	Active
64-5319	Trinity	Northern California	Trinity Center VFD	HC1 Box 612	Trinity Center	California	96091	9/11/2018	9/11/2022	Active
64-5320	Trinity	Northern California	Hayfork Fire Department	195 Hyampom Road	Hayfork	California	96041	1/16/2019	1/16/2023	Active
64-1801	Lassen	Northern California	Banner Lassen Medical Center	1800 Spring Ridge Dr	Susanville	California	96130-	6/14/2010	8/9/2022	Active
64-3203	Plumas	Northern California	Seneca Healthcare District	PO Box 737	Chester	California	96020-	2/1/2012	6/25/2020	Active
64-3202	Plumas	Northern California	Plumas District Hospital	1065 Bucks Lake Rd	Quincy	California	95971-	1/31/2008	5/27/2020	Active
64-2502	Modoc	Northern California	Surprise Valley Health Care	741 Main St., P.O. Box 246	Cedarville	California	96104-	5/1/2011	5/31/2019	Active
64-2501	Modoc	Northern California	Modoc Medical Center	228 W McDowell St	Alturas	California	96101-	7/29/2009	7/16/2021	Active
64-5318	Plumas	Northern California	Beckwourth Fire District	180 Main Street	Beckwourth	California	96129	8/15/2018	9/15/2022	Active
64-1809	Lassen	Northern California	Janesville Fire Protection District	P.O. Box 40	Janesville,	California	96114	5/1/2012	4/30/2020	Active
64-5317	Trinity	Northern California	Weaverville Fire District	P.O. Box 477	Weaverville	California	96093	3/14/2018	3/14/2022	Active
64-1808	Lassen	Northern California	FireLine EMS	P.O. Box 270327	Susanville	California	96130	5/1/2012	4/30/2020	Active
64-1807	Lassen	Northern California	Sierra Army Depot Fire Department	Bldg. P2 1st St Sierra Army Depot	Herlong	California	96113-	11/1/2010	10/31/2018	Expired

Northern California EMS, Inc.
CE Provider Listing

64-1806	Lassen	Northern California	California Correctional Center/High Desert State	711-045 Center Road	Susanville	California	96130	1/1/2011	1/31/2019	Active
64-3204	Plumas	Northern California	Eastern Plumas Health Care	500 First Ave	Portola	California	96122-	2/1/2012	6/20/2020	Active
64-1803	Lassen	Northern California	PreHospital Training Institute	710 Ash Street	Susanville	California	96130-	5/31/2008	3/12/2019	Active
64-5315	Plumas	Northern California	Care Flight Ground - Sam Blesse	3306 Chandler Road	Quincy	California	95971	1/31/2018	1/31/2022	Active
64-1105	Glenn	Northern California	Hamilton City Fire Protection District	420 1st Street PO Box 928	Hamilton City	California	95951	3/26/2010	11/1/2018	Active
64-1104	Glenn	Northern California	Orland Fire Dept	810 5th St	Orland	California	95963-	3/2/2012	2/29/2016	Expired
64-1102	Glenn	Northern California	Absolute Safety Training	139 So. Sacramento St	Willows	California	95988-	4/1/2007	4/30/2019	Active
64-0403	Butte	Northern California	Feather River Hospital	5974 Pentz Road	Paradise	California	95969-	4/16/2007	1/31/2012	Expired
64-3208	Plumas	Northern California	Frontline Medical	397 Johnsville Rd PO Box 1380	Graeagle	California	96103-	4/1/2007	2/14/2021	Active
64-0401	Butte	Northern California	Enloe Hospital	1531 Esplanade	Chico	California	95926-	4/16/2008	1/31/2012	Expired
64-0001	Shasta	Northern California	Northern California EMS Agency	930 Executive Way, Suite 150	Redding	California	96002		12/31/2099	Active
64-5314	Lassen	Northern California	USFS Lassen National Forest	P.O. Box 220	Fall River Mills	California	96028	5/11/2017	5/10/2021	Active
64-5313	Plumas	Northern California	Plumas Eureka Fire Department	200 Lundy Lane	Blairsden	California	96103	5/11/2017	5/10/2021	Active
64-5312	Modoc	Northern California	Cedarville Fire Department	P.O. Box 633	Cedarville	California	96104	5/23/2016	5/23/2020	Active
64-1805	Modoc	Northern California	CDF Lassen/Modoc Unit	702 E 8th	Alturas	California	96101-	4/19/2007	4/30/2015	Expired
64-5305	Trinity	Northern California	Trinity Center VFD	HC1 Box 612	Trinity Center	California	96091	4/8/2014	4/8/2018	Expired
64-5310	Glenn	Northern California	Glenn Codora Fire Protection District	1516 Hwy 45	Glenn	California	95943	12/17/2013	12/17/2017	Expired
64-5311	Plumas	Northern California	Julie Cassou, RN	P.O. Box 1065	Graeagle	California	96103	2/25/2014	2/25/2018	Active
64-5307	Trinity	Northern California	Hayfork Fire Protection District	7230 Highway 3	Hayfork	California	96041-	4/8/2014	4/8/2018	Expired

Northern California EMS, Inc.
CE Provider Listing

64-5309	Plumas	Northern California	Hitchcock's Training Center	525 Wildwood Way	Susanville	California	96130	7/19/2013	7/19/2021	Active
64-5306	Trinity	Northern California	Preparedness Consulting & Training	208 Oddfellows Ave PO Box 2667	Weaverville	California	96093-	12/31/2008	7/10/2021	Active
64-5308	Trinity	Northern California	Southern Trinity Area Rescue (STAR)	321 Van Duzen Road	Mad River	California	95552	10/29/2013	10/18/2021	Active
64-5302	Trinity	Northern California	Trinity County Life Support	250 Main Street PO Box 2907	Weaverville	California	96093-	6/29/2007	6/30/2019	Active
64-4601	Sierra	Northern California	Downieville Fire Protection District	P.O. Box 25	Downieville	California	95936-	5/1/2011	5/27/2020	Active
64-3210	Plumas	Northern California	Beckwourth Fire Department	180 Main St	Beckwourth	California	96122-	7/21/2010	7/31/2018	Expired
64-5316	Modoc	Northern California	Big Sage EMS Productions	P.O. Box 633	Cedarville	California	96104	3/14/2018	3/14/2022	Active
64-3213	Plumas	Northern California	Indian Valley Fire & Rescue	121 Ann Street PO Box 899	Greenville	California	95947-	1/18/2008	1/31/2016	Expired
64-3212	Plumas	Northern California	Emergency Medical Fire Training	416 E Loyaltan Ave	Portola	California	96130-	9/10/2007	9/30/2015	Expired
64-3211	Plumas	Northern California	Chester Fire Protection District	251 Airport Road / PO Box 177	Chester	California	96020-	10/31/2010	10/31/2018	Active
64-3207	Plumas	Northern California	Graeagle Fire Protection District	7620 HWY 89, P.O. Box 64	Graeagle	California	96103-	5/1/2011	4/30/2019	Expired
64-3209	Plumas	Northern California	Quincy Fire Protection District	505 Lawrence Street	Quincy	California	95971-	5/20/2008	7/10/2017	Expired

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2018 (FY 2017-18)

County: Lassen

Training Institution:		Lassen Community College		Telephone Number:	Kristi Myers 530-257-6181 X8994
Address:		<u>P O Box 3000</u> <u>Susanville, CA 96130</u>			
* Student Eligibility:	Open Current CPR, FR Course or Current FR Certification	Cost of Program:	** Program Level	<u>EMT</u>	
	Basic:	\$350	Number of students completing training per year:		
	Refresher:	\$100	Initial training:	<u>20</u>	
			Refresher:	<u>10</u>	
			Continuing Education:	<u>11-1-2018</u>	
			Expiration Date:	<u>11-1-2018</u>	
			Number of courses: 2		
			Initial training:	<u>1</u>	
			Refresher:	<u>1</u>	
			Continuing Education:	<u></u>	

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2018 (FY 2017-18)

County: Modoc

Training Institution:		<u>Modoc Medical Center</u>		Telephone Number:	<u>Renae Sweet</u> <u>530-233-1272</u>
Address:		<u>228 West McDowell</u>			
		<u>Alturas, CA 96101</u>			
* Student Eligibility:	<u>CPR</u>	** Program Level	<u>EMT</u>		
		Cost of Program:	<u>\$100</u>		
		+ Book			
		Basic:	<u>√</u>	Number of students completing training per year:	
		Refresher:		Initial training:	<u>10</u>
				Refresher:	<u></u>
				Continuing Education:	<u></u>
				Expiration Date:	<u>1/15/2018</u>
				Number of courses:	
				Initial training:	<u>1</u>
				Refresher:	<u></u>
				Continuing Education:	<u></u>

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2018 (FY 2017-18)

County: Plumas

Training Institution:		Telephone Number:		Judy Mahan 530-283-0202 ext. 235
Address:		<u>Feather River Community College</u>		
		<u>570 Golden Eagle Ave</u>		
		<u>Quincy, CA 95971</u>		
* Student Eligibility:	Open Current CPR	** Program Level	<u>EMT</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>\$230</u>	Initial training: <u>40</u>		
	Refresher: _____	Refresher: _____		
		Continuing Education: _____		
		Expiration Date: <u>3/1/2018</u>		
		Number of courses:		
		Initial training: <u>2</u>		
		Refresher: _____		
		Continuing Education: _____		

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2018 (FY 2017-18)

County: Trinity

Training Institution:		<u>Southern Trinity Area Rescue</u>		Telephone Number:		<u>Brooke Johnston</u> <u>707-574-6616</u>	
Address:		<u>P O Box 4</u>					
		<u>Mad River, CA 95552</u>					
* Student Eligibility:	Open to general public	Cost of Program:	** Program Level	<u>EMT-1</u>			
	<u>Current CPR</u>	Basic: <u>EMT \$60</u>	Number of students completing training per year:	EMT	<u>AEMT</u>		
		Refresher: <u>None</u>	Initial training:	<u>12-20</u>	<u>12-20</u>		
			Refresher:				
			Continuing Education:	<u>Yes</u>			
			Expiration Date:	<u>11/19/17</u>	<u>01/17/2017</u>		
			Number of courses: <u>EMT-1</u>				
			Initial training:	<u>1</u>			
			Refresher:	<u>1</u>			
			Continuing Education:	<u>Yes</u>			

TABLE 10: Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year 2018 (FY 2017-18)

County: Trinity

Training Institution:		<u>Trinity County Life Support</u>		Telephone Number:		<u>Kathy Ratliff</u>
Address:		<u>610 Washington St</u>				<u>530-623-2500</u>
		<u>Weaverville, CA 96093</u>				
* Student Eligibility:	Open CPR EMT	Cost of Program:	** Program Level	<u>AEMT</u>		
		Basic: <u>\$500</u>	Number of students completing training per year:			
		Refresher: _____	Initial training:		<u>4</u>	
			Refresher:		_____	
			Continuing Education:		_____	
			Expiration Date:		<u>1/21/2018</u>	
			Number of courses: 2			
			Initial training:		<u>1</u>	
			Refresher:		_____	
			Continuing Education:		_____	

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 11

DISPATCH AGENCY

REPORTING YEAR 2018 (FY 2017-18)

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Lassen

Reporting Year 2018 (FY 2017-18)

Name, address & telephone: PRIMARY Lassen County's Sheriff's Office 1491 5 th St, Susanville, CA 96130			Primary Contact: Dean Growdon, Sheriff-Coroner 530-251-8013 (sheriff@co.lassen.ca.us)		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 25 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: E.M.S.	If public: <input checked="" type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	Number of Ambulances: 0	

Name, address & telephone: PRIMARY: Susanville Interagency Fire Center 1491 5 th St, Susanville, CA 96130			Primary Contact: Josh Kern, Battalion Chief 530-257-8509 (josh.kern@fire.ca.gov)		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 1 BLS 0 LALS 5 Other: AED/FR		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	Number of Ambulances: 0	

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Modoc

Reporting Year 2018 (FY 2017-18)

Name, address & telephone:		Modoc County Sheriff's Office PO Drawer 460 – 102 So Court St Alturas, CA 96101		Primary Contact: Mike Poindexter, Sheriff 530-233-4416 (mpoindexter@modocsheriff.us)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 4 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: E.M.S.	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 6 Fire Department: 14 PSAP for County	

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Plumas

Reporting Year 2018 (FY 2017-18)

Name, address & telephone: PRIMARY: Plumas County Sheriff's Office 1400 East Main St Quincy, CA 95971					Primary Contact: Becky Grant 530-283-6375 (beckygrant@pc50.net)				
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 9 Other						
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 0					

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Sierra

Reporting Year 2018 (FY 2017-18)

Name, address & telephone:		Sierra County Sheriff's Office PO Box 66 100 Courthouse Square Downieville, CA 95936		Primary Contact: Tim Standley, Sheriff 530-289-3700 (michelleanderson@sierracounty.ca.gov)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 5 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Trinity

Reporting Year 2018 (FY 2017-18)

Name, address & telephone:		Trinity County Sheriff's Office PO Box 1228 101 Memorial Way Weaverville 96093		Primary Contact: Bruce Haney, Sheriff 530-623-2611 (bhaney@trinitycounty.org)	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 14 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 0	